



## DEPARTMENT OF THE INTERIOR INVESTIGATOR'S TRAFFIC CRASH REPORT

Investigated at the scene: ☒ Yes ☐ NoHit and run? ☐ Yes ☒ No ☐ UnknownNon-motor-vehicle property damage: ☐ Yes ☒ No Amount: Over \$1000

Number of Vehicles <b>2</b>		Organization			Park Alpha	
Crash Date <b>02/03/2017</b>		Day of Week <b>Friday</b>	Military Time <b>16:52</b>	GPS Latitude	GPS Longitude	
City <b>PORT ANGELES</b>			State <b>Washington</b>	County <b>CLALLAM</b>		
Crash occurred on <b>HIGHWAY 101</b>			Related Intersection <b>At</b>			
Source of Information				Officer Signature		
Officer Badge <b>050</b>	Officer Name <b>WRAY, BRIAN</b>		Report Date <b>02/06/2017</b>		Approving Official Signature	
Official Badge #	Approving Official Name		Signature Date			

### Base Information

First Harmful Event <b>Collision with person, MV or non-fixed object: Motor vehicle in transport</b>			Location of First Harmful Event <b>01. On roadway</b>		
Weather <b>03. Snowing</b>	Roadway condition <b>03. Snow; 05. Ice/frost</b>	Lighting <b>01. Daylight</b>	School Bus Related <b>01. No</b>		
Road Circumstances <b>02. Road surface condition (wet, icy, snow, slush, etc.)</b>				Work Zone Related <b>02. No</b>	
Environmental Circumstances <b>02. Weather</b>				Work Zone Workers Present <b>03. Not applicable</b>	
Work Zone Location <b>01. Not applicable</b>		Type of Intersection <b>01. Not an intersection</b>		Law Enf. Present at Work <b>04. Not applicable</b>	
Manner of Collision <b>08. Other</b>		Relation to Junction <b>01. Non-junction</b>			

	Remarks
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### Witnesses

Name <b>ERIC M WEIKAL</b>		Gender <b>Male</b>	Date of Birth	Other Phone Number	Other Phone Number
Street Address		City	State	ZIP Code	
Name		Gender	Date of Birth	Other Phone Number	Other Phone Number
Street Address		City	State	ZIP Code	

Driver									
Name <b>LINDA D HUARD-HOFFMAN</b>						Gender <b>Female</b>		Date of Birth [REDACTED]	
Street Address [REDACTED]						Mailing Address [REDACTED]			
City <b>FORKS</b>			State <b>Washington</b>		ZIP Code <b>98331</b>		Home Phone Number [REDACTED]		Other Phone Number [REDACTED]
Driver's License Number [REDACTED]			State <b>Nevada</b>		Status <b>Clear</b>		Restrictions		
Class			CDL Endorsement			No. of Vehicle Occupants <b>1</b>		Posted Speed <b>12.60 mph</b>	
Injury Status <b>01. No injury</b>		Air Bag Deployed <b>05. Deployed: combination</b>		Ejection <b>01. Not ejected</b>		Injured Transported By <b>01. Not transported</b>		Safety Equipment Used <b>02. Shoulder and lap belt used</b>	

  

Vehicle									
Owner					Owner Address				
City					State			ZIP Code	
Make <b>JEEP</b>			Model <b>LIBERTY</b>			Year <b>2012</b>	Color <b>Silver/Aluminum</b>		Lic. Expir. Date
Vehicle Identification Number				License Plate No. <b>ASF5386</b>			State <b>Washington</b>		
Initial Impact Point <b>02. Clock point 2</b>			Most Damaged Area <b>02. Clock point 2</b>			Direction of Travel Prior to Crash <b>04. Westbound</b>		Extent of Damage <b>04. Disabling</b>	
Insurance Verified <b>Yes</b>		Company <b>STATE FARM</b>				Policy Number [REDACTED]			
Vehicle Towed <b>Yes</b>		Towed By <b>EVERGREEN TOWING</b>			Towed To <b>EVERGREEN TOWING</b>				
Driver's actions <b>09. Drove too fast for conditions</b>									
Driver's condition <b>01. Apparently normal</b>					Driver's distraction <b>07. Unknown if distracted</b>				
Charges Issued									
Suspect Alcohol <b>01. No</b>		Alcohol Test Type <b>1. No test performed</b>			Alcohol Test Result		Suspect Drugs <b>01. No</b>		Drug Test Type <b>1. No test performed</b>
First Accident Event <b>Collision with person, MV or non-fixed object: Motor vehicle in transport</b>					Second Accident Event <b>Collision with fixed object: Ditch</b>				
Third Accident Event					Fourth Accident Event				
Most Harmful Event <b>21. Motor vehicle in transport</b>					Motor Vehicle Unit Type <b>01. Motor vehicle in transport</b>			Vehicle Owner <b>01. Same as driver</b>	
Vehicle Type <b>02. Sport utility vehicle</b>			Non-commercial Trailer Style <b>01. No trailer</b>		Emerg. Veh. Use <b>No</b>		Emerg. Equip. Activ. <b>No</b>		Special Function of MV in Transport <b>01. None</b>
Motor Vehicle Contributing Circumstances <b>01. None</b>							Vehicle/Maneuver Action Prior to Crash <b>01. Straight ahead</b>		
Road Surface <b>02. Asphalt</b>		Grade <b>03. Uphill</b>	Roadway Alignment <b>01. Straight</b>		No. Lanes <b>L03</b>	Traf. Ctrl. Working Prop. <b>03. Not applicable</b>		Traffic Control <b>01. None</b>	
									Roadway Description <b>01. Two-way-undivided</b>

  

Occupants									